

AUTHORIZATION FOR INDIVIDUAL INACTIVE DUTY TRAINING

The proponent agency is NGB-AVS. The prescribing directive is NGR (AR) 95-210.

PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 10 USC 275, Title 37 USC 204, and Executive Order 9397 .
2. **PURPOSE:** Used to authorize individuals to perform Inactive Duty Training, and to verify performance for pay purposes and awarding of retirement point credit.
3. **ROUTINE USES:** None
4. **DISCLOSURE:** Mandatory; SSN is required by the Defense Joint Military Pay System (DJMS). If SSN is not provided, individual will not be paid.

DATE:	AUTHORIZING ACTIVITY & LOCATION:	ORGANIZATION & LOCATION OF TRAINING:	
GRADE:	NAME OF INDIVIDUAL:	SSN:	SIGNATURE OF INDIVIDUAL:

INACTIVE DUTY TRAINING

EQT	AFTP	DATE OF UTA	DATE OF DUTY	TIME OF DUTY		ACFT CODE	FLYING TIME	
				FROM	TO		HRS	TENTHS
VERIFIED BY			UTA NUMBER			TECH	PAY STATUS	
			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				PAY <input type="checkbox"/> NON PAY <input type="checkbox"/>	

REMARKS**AUTHORIZING OFFICIAL**

PRINTED NAME, GRADE & TITLE:	
SIGNATURE OF AUTHORIZING OFFICIAL:	DATE:

CERTIFYING OFFICIAL*I certify this individual attended training as indicated.*

PRINTED NAME, GRADE & TITLE:	
SIGNATURE OF CERTIFYING OFFICIAL:	DATE: